

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Latino Print Network			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 23 / 2016</div> </div>		
Mailing Address 3445 Catalina Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42500.00</div>		
City Carlsbad	State CA	Zip Code 92010	Transaction ID : D734963 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 13 / 2016</div> </div>		
Purpose of Expenditure Advertising		Category/ Type	Name of Federal Candidate Bernie Sanders		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 23 / 2016</div> </div>		
Mailing Address 1129 20th Street, Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30337.17</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D735236 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 18 / 2016</div> </div>		
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate Bernie Sanders		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">72837.17</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 23 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Latino Print Network		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016
Mailing Address 3445 Catalina Dr		Amount 42500.00
City Carlsbad	State CA	Zip Code 92010
Purpose of Expenditure Advertising	Category/Type	Transaction ID : D735233 Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Latino Print Network		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016
Mailing Address 3445 Catalina Dr		Amount 50100.00
City Carlsbad	State CA	Zip Code 92010
Purpose of Expenditure Advertising	Category/Type	Transaction ID : D735234 Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92600.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 945 Camelia St		Amount 894.99	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D735478
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 100173.55	
City Washington	State DC	Zip Code 20036	Transaction ID : D735479
Purpose of Expenditure Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	101068.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016
Mailing Address 1129 20th Street, Suite 200		Amount 137.65
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Printing	Category/Type	Transaction ID : D735480 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael Konopacki		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2016
Mailing Address PO Box 1917		Amount 600.00
City Madison	State WI	Zip Code 53701-1917
Purpose of Expenditure Cartoon	Category/Type	Transaction ID : D735481 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	737.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*Martha Kuhl**[Electronically Filed]*

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Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 155 Grand Avenue		Amount 384.75	
City Oakland	State CA	Zip Code 94612	Transaction ID : D735482
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA	
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2016	
Mailing Address 155 Grand Avenue		Amount 810.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D735483
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA	
Calendar Year-To-Date Per Election for Office Sought 268438.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1194.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	268438.11

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